



**APPLICANT INFORMATION
INSTRUCTION BOOKLET**

**Indian Health Service
Scholarship Programs**

PART THREE

FY 2003

**Scholarship Programs
Application Checklist**



Department of Health and Human Services
Public Health Service
Indian Health Service

PUBLIC LAW 94-437—TITLE I SCHOLARSHIP PROGRAM ACADEMIC YEAR 2003-2004 APPLICATION CHECKLIST

The applicant must complete and forward this sheet with the application and required documents.
Please check the appropriate box for each document which is enclosed.

APPLICANT'S NAME	CAREER CATEGORY
SOCIAL SECURITY NUMBER	INDIAN HEALTH SERVICE OFFICE APPLYING THROUGH

HAVE YOU EVER RECEIVED AN IHS SCHOLARSHIP OR GRANT? ☐ Yes ☐ No

If "Yes", enter below:

CAREER CATEGORY _____

SECTION _____

TYPE OF APPLICATION: ☐ New ☐ Continuing
☐ Health Preparatory ☐ Pregraduate ☐ Health Professions

ALL APPLICANTS:

NEW

CONTINUING

- | | | |
|---|--------------------------|--------------------------|
| 1. Application Checklist | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Application Form IHS-816 (Continuation's - Data Sheet) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Letter of Acceptance from College/Proof of Application to
Health Professions Program (Applicable to continuation
students who are transferring schools, changing from
103/103P to 104, or changing disciplines) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Official Transcripts for All Colleges
Cumulative GPA: Applicant's Calculation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Documents for Indian Eligibility | <input type="checkbox"/> | |
| 6. Two Faculty/Employer Evaluations | <input type="checkbox"/> | |
| 7. Reason for Requesting Scholarship | <input type="checkbox"/> | |
| 8. Delinquent Debt Form | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. W-4 Form | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Course Curriculum Verification (If part-time—minimum of
six credit hours) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Acknowledgment Card | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Section 103/103P Agreement Signed and Dated (Form IHS-817) | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH PROFESSIONS APPLICANTS ONLY:

- | | | |
|--|--------------------------|--------------------------|
| 13. Section 104 Contract Signed and Dated (Form IHS-818) | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Health Related Experience (MPH Only) - Optional Form | <input type="checkbox"/> | <input type="checkbox"/> |

I verify the application is complete.

APPLICANT'S SIGNATURE	DATE
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ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it display a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: IHS Scholarship Program, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, ATTN: PRA (0917-0006).
